

## **Fiscal Year 2006 EO 94(05) Report**

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Agency Name

**Prepared by:**

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Name and Title

Executive Order 94(05) mandates the following activities:

1. Evaluate work related injuries/illnesses to determine how to prevent or reduce the injuries.
2. Establish goals to reduce serious occupational injuries and illnesses to enhance worker safety.
3. Involve agency employees in identifying workplace hazards and establishing goals to eliminate or reduce them.
4. Develop, maintain and monitor strategies to minimize the risk of work related injuries/illnesses.
5. Manager's performance expectations and goals to encourage a safe work environment and reduce injuries/ illnesses

By signing this document, I certify that my agency is in compliance with or has developed a plan and timeline for full compliance with Executive Order 94(05).

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Agency Head Signature

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Agency Head Name and Title (*please print*)

## EO 94(05) Report Template

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The following is a template and your report should include this information MINIMALLY. You may, however include additional information to support required documentation.

### EO 94(05) Report for FY 2006

#### **I. Review of last year's efforts (if space provided is not sufficient, attach additional pages)**

Previous year goals:

How did you meet your goals?

What obstacles did you encounter?

What goals remain to be completed?

## II. Accident/ Loss Analysis

Complete this analysis for the past two fiscal years, for **example** FY 05 and FY 06. Enter your results from last year's October EO 94 (05) report in the columns for that fiscal year. Enter results from this year's analysis in the columns for the current fiscal year. **Please change the years in the chart to reflect the immediate past two fiscal years.**

A. Categorize losses: (Fiscal year not calendar year)				
Total Number of Injuries for FY ____: _____				
	FY <u>05</u> WC data*	FY <u>06</u> WC data*	FY <u>05</u> OSHA	FY <u>06</u> OSHA
1. Number of medical only				
2. Number of lost time cases				
3. Number of lost time days				
4. Number of OSHA Recordable cases				
5. Number of record only cases				

- If you have no injuries please indicate zero in your analysis.

## **B. Accident Categories:**

Using the chart on the next two pages, list in Column 1 your Agency/Institution's Top 5 Injury Occupations (see your G2 Weblink [Top 5 Occupations/Causes/ Instruments](#) report). Those agencies with fewer than five occupations on the Top 5 Injury Occupations report should fill in the chart for the occupations appearing on their report. Those agencies with no reported accidents in the past fiscal year should leave the form blank and attach an analysis of their most hazardous occupations or tasks and strategies to prevent injuries in their higher-risk groups.

In Column 2 list the Top 3 Accident Types for each occupation.

Collect the EARs submitted in the immediate past fiscal year. Sort the forms into stacks corresponding to the Top 5 Occupations and Top 3 Accident Types.

Carefully review each stack of EARs and identify the *behaviors* and *conditions* that explain "why" this type of injury mishap continues to happen in your work environment.

- List the common behaviors in Column 3
- List the common conditions in Column 4

Review these common behaviors and conditions with your agency/institution administration and develop an action plan listing the specific action steps in Column 5 that you will take in the upcoming year to change these behaviors and conditions.

## Accident Category Analysis Chart

	Column 1		Column 2		Column 3		Column 4		Column 5
	List your Top 5 Injury Occupations		For each Occupation List the Top 3 Accident Types		Identify and list 3 common behaviors in your workplace that explain "why" this type of mishap occurs		Identify and list 3 common conditions in your workplace that explain "why" this type of mishap occurs		List the specific action steps you will execute in the upcoming year to change these behaviors and conditions
1		1		1		1		1	
				2		2		2	
				3		3		3	
		2		1		1		1	
				2		2		2	
				3		3		3	
		3		1		1		1	
				2		2		2	
				3		3		3	
2		1		1		1		1	
				2		2		2	
				3		3		3	
		2		1		1		1	
				2		2		2	
				3		3		3	
		3		1		1		1	
				2		2		2	
				3		3		3	

	Column 1		Column 2		Column 3		Column 4		Column 5
	List your Top 5 Injury Occupations		For each Occupation List the Top 3 Accident Types		Identify and list 3 common behaviors in your workplace that explain "why" this type of mishap occurs		Identify and list 3 common conditions in your workplace that explain "why" this type of mishap occurs		List the specific action steps you will execute in the upcoming year to change these behaviors and conditions
3		1		1		1		1	
				2		2		2	
				3		3		3	
		2		1		1		1	
				2		2		2	
				3		3		3	
		3		1		1		1	
				2		2		2	
				3		3		3	
4		1		1		1		1	
				2		2		2	
				3		3		3	
		2		1		1		1	
				2		2		2	
				3		3		3	
		3		1		1		1	
				2		2		2	
				3		3		3	

	Column 1		Column 2		Column 3		Column 4		Column 5
	List your Top 5 Injury Occupations		For each Occupation List the Top 3 Accident Types		Identify and list 3 common behaviors in your workplace that explain "why" this type of mishap occurs		Identify and list 3 common conditions in your workplace that explain "why" this type of mishap occurs		List the specific action steps you will execute in the upcoming year to change these behaviors and conditions
5		1		1		1		1	
				2		2		2	
				3		3		3	
		2		1		1		1	
				2		2		2	
				3		3		3	
		3		1		1		1	
				2		2		2	
				3		3		3	

If the agency is not fully in compliance with EO 94 (05), explain in detail what is being done or what will be done to comply with the mandate.

In what areas do you need assistance?



### III. Future Goals

Reflecting on your analysis in Section II, state next year's goals to improve and promote a safe work environment: **(if space provided is not sufficient, attach additional pages)**

Briefly discuss the programs and the opportunities that promote employee involvement in safety within your agency.

#### **IV. Assistance/ General Comments**

What assistance do you need, if any, from the Office of Workers' Compensation?

What assistance do you need from The Department of Labor and Industry?

General Comments: